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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

Q64883

| CLAIMS AS FILED - PART I<br>(Column 1)                   |  |   |                  | mn 2)                         | SMALL ENTITY TYPE |                  | OR                  | OTHER THAN<br>SMALL ENTITY |       |                     |                        |
|--|--|---|------------------|-------------------------------|-------------------|------------------|---------------------|----------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS   |  | 7   |                  |                               |                   | RATE             | FEE                 | 1                          | RATE  | FEE                 |                        |
| FOR  |  |   | NUMBER FILED     |                               | NUMBER EXTRA      |                  | BASIC FEE           | 355.00                     | OR    | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                  |  |   | 7 minus 20=      |                               | • 9               |                  | X\$ 9=              |                            | OR    | X\$18=              |                        |
| INDEPENDENT CLAIMS                                       |  |   | ) minus 3 =      |                               | · Ø               |                  | X40=                | "                          | OR    | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                         |  |   |                  |                               |                   | +135=            |                     | OR                         | +270= |                     |                        |
| * If the difference in column 1 is less than zero, enter |  |   | "0" in o         | column 2                      | TOTAL             |                  | OR                  | TOTAL                      | 710   |                     |                        |
| CLAIMS AS AMENDED  |  |   |                  |                               | TIL               |                  | ı                   |                            |       | OTHER               | 7                      |
|  |  | (Column 1)                                |                  | (Colur                        |                   | (Column 3)       | SMALL               | NTITY                      | OR    | SMALL               | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY      | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE     |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | *   | Minus            | **                            |                   | =                | X\$ 9=              |                            | OR    | X\$18=              |                        |
| AME  | Independent  | *   | Minus            | ***                           |                   | =                | X40=                |                            | OR    | X80=                |                        |
| L  | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEF      | PENDENT                       | CLAIM             |                  | +135=               |                            | OR    | +270=               |                        |
|  |  |   |                  |                               |                   |                  | TOTAL<br>ADDIT. FEE |                            | OR    | TOTAL<br>ADDIT. FEE | <u> </u>               |
|  |  | (Column 1)                                |                  | (Colur                        | mn 2)             | (Column 3)       | ADDIT: 1 CE         |                            |       | ADDI1.1 EE          |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY      | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE     |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW  | Total  | *   | Minus            | **                            |                   | =                | X\$ 9=              |                            | OR    | X\$18=              |                        |
| AME  | Independent  | NITATION OF M                             | Minus            | ***                           | CL AIAA           | =                | X40=                |                            | OR    | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM           |  |   |                  |                               |                   |                  | +135=               |                            | OR    | +270=               |                        |
|  |  |   |                  |                               |                   |                  | TOTAL<br>ADDIT. FEE |                            | OR    | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                | -                | (Colur                        |                   | (Column 3)       |                     |                            |       |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY      | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE     |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus            | **                            |                   | =                | X\$ 9=              |                            | OR    | X\$18=              |                        |
|  | Independent  | *   | Minus            | ***                           |                   | =                | X40=                |                            |       | X80=                |                        |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEI      | PENDENT                       | CLAIM             |                  |                     |                            | OR    |                     |                        |
|  | If the entry in colu   | mn 1 is lose than t                       | ne entry in col- | ımn 2 write                   | "N" in co         | lump 3           | +135=               |                            | OR    | +270=               |                        |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                  |                               |                   |                  |                     |                            |       |                     |                        |